

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-879)

SERIAL NO:
101583325

FILING DATE

APPLICANT/A

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
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TOTAL REQ.		↓	1	↓		↓
TOTAL OFT.		←	15	←		←
TOTAL CLAIMS		[REDACTED]	6	[REDACTED]		[REDACTED]

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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TOTAL REQ.		↓		↓		↓
TOTAL OFT.		←		←		←
TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]

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